

## STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 25 1957

BIRTH NO. ....		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>559</u>		Registrar's No. <u>63</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>60 hrs</u>		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jefferson Memorial Hospital</u>				STREET ADDRESS (If rural, give location) <u>River Aux Vases, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARION</u>		b. (Middle) <u>WILLIAM</u>		c. (Last) <u>BAUMANN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 14 1957</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN 8, 1910</u>	
9. AGE (in years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>LAWRENCE BAUMANN</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH BETH</u>		14. NAME OF HUSBAND OR WIFE <u>ANNE ROSE PALMER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. ....		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BETTY BAUMANN River Aux Vases, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage, massive</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage, focal</u> DUE TO (c) <u>Hypertension, essential</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>331X</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 12</u> , 19 <u>57</u> , to <u>July 14</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>July 14</u> , 19 <u>57</u> , and that death occurred at <u>8:00 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>F. L. Fitzgerald</u> (Degree or title) <u>(u)</u>				23b. ADDRESS <u>Crystal City, Mo.</u>		23c. DATE SIGNED <u>7-15-57</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-17-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Philip's James</u>		24d. LOCATION (City, town, or county) (State) <u>River Aux Vases Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-15-57</u>		REGISTRAR'S SIGNATURE <u>John G. Rogers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest H. Stambaugh</u>		ADDRESS <u>St. Louis, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED JUL 19 1957

MAY 28 1958

JUL 29 1957  
JUL 31 1957

FEB 21 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed.....

*James L. Santo*

Licensed Embalmer No. 3817

P. O. Address *St. Genevieve*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.